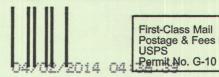
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature Addressee B. Received by (Rrinted Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
MIKE DALLEY STAKER PARSON CO 89 W 13490 S STE 100 DRAPER UT 84020	
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
EB 3-29-14 M1049/0001	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	2970 0001 8828 1412
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540

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DRAPER UT 84020

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an additional fee, delivery may be restricted to the addressee or essee's authorized agent. Advise the clerk or mark the mailpiece with the prement "Restricted Delivery".

postmark on the Certified Mail receipt is desired, please present the artiat the post office for postmarking. If a postmark on the Certified Mail ipt is not needed, detach and affix label with postage and mail.

RTANT: Save this receipt and present it when making an inquiry.
In 3800, August 2006 (Reverse) PSN 7530-02-000-9047